## EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPTCY COURT	D	ISTRICT	ГОБ	F Nevada		PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company		e Numb	U	06-10725		
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	ay be filed	d pursua	ant to	o II USC. §	§ 101	
Name of Creditor (The person or other entity to whom the dubtor owes monty or property) Al-Awar Living Trust Dated 04/05/01 Adib M. Al-Awar & Ellen A. Al-Awar, Trustee	els yo	se has fi our clain ving par	iled a m Ati rucula	proof of cla ttach copy of ars		
Name and address where notices should be sent Adib M Al-Awar & Ellen A Al-Awar 1330 Burro Court	l Ch	otices fro ise	rom th	he bankrupto	ver received any cy court in this	
Gardnerville, Nevada 89410 Telephone number 775-783-8390	ad the		n the		ent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	this clai		amends	a previously file	ed claim dated
1 Resis for Claim Goods sold Services performed X Money loaned Personal injury/wrongful death Taxes See Exhibit A Other			Wa; Las Un;	ages salaries st four digits apaid compe om	es, and compensal ts of your SS # _ ensation for servi	
2. Date debt was incurred March 1, 2005	3.	. If	cour	t judgment	t, date obtained	
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  Unsecured Nonpriority Claim \$1,807,956.81  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc						
business whichever is earlier - 11 USC § 507(a)(4)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases.						
5 Total Amount of Claim at Time Case Filed \$1,807,956.81 \$1,807,956 81 \$1,807,956 81 (unsecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
This Special is no Court Usi Only making this proof of claim  7. Supporting Documents. Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary  8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-El JAN 16 2007 addressed envelope and copy of this proof of claim.  Date.  Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).  USA CMC  WISH ONLY ONLY  THIS SPACE IS NOR COURT USI ONLY  THE SPACE IS NOR COURT USI ONLY  THIS SPACE IS NOR COURT USI ONLY  THE SPAC						
				Awar, T		1072502366

ORM B10 (Official Form 10) (10/05)					
United States Bankrupicy Court	Dist	RIC I C	)]_	Nevada	PROOF OF CLAIM
Name of Dibtor USA Commercial Mortgage Compan					
NOTH This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense magnificant contents of the case.	trative expe y be filed p	nse arisi jursuant	ng a to i	Ifter the commencement	
Name of Creditor (The person or other entity to whom the debior owes money or property)  Larry Apibian - Leona Apibian, husband auther, as Joint Tenants with ROS  Name and address where notices should be sent  172 WOOD LAND RO  GOLDENDALE WA 98620	else your givin Chec notic case Chec	has filed claim A ig particulate k box if es from	Attaculars you the	are aware that anyone roof of claim relating to ch copy of statement have never received any bankruptcy court in this address differs from the avelope sent to you by	Thus San a way Comma the Comma
Telephone number (509) 773 - 6901  Last four digits of account or other number by which creditor	the c	ourt k here	-	replaces	THIS STACE IS FOR COURT USE ONLY
identifies debtor	(	s claım		amends a previously file	d claim dated
1 Basis for Claim Goods sold Services performed			Vage .ast Jnpa	ee benefits as defined in les salaries and compensation digits of your SS # jud compensation for services (date)	ation (fill out below) urces performed
2 Date debt was incurred Jan, 2004	3.	If cou	ırt j	udgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 178,150.36  Check this box if a) there is no collateral or lien securing you be by your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority.  Amount entitled to priority \$	which is	Amou secur Up to \$ 507(a Taxes of Other - mounts a	Check to of Part Valuation (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)	claim  eck this box if your claim if setoff)  ef Description of Collater  Real Estate Motor  nue of Collateral \$\text{\text{\text{U}}}  of arrearage and other chackaim, if any \$\frac{3}{15}  25* of deposits toward put for personal family or how  enalties owed to government of the city applicable paragraph  ubject to adjustment on 4/	is secured by collateral (including al Vehicle Other————————————————————————————————————
5 Fotal Amount of Claim at Time Case Filed		178 <sub>,1</sub>			178,150.36
Check this box if claim includes interest or other charges in ad interest or additional charges	dition to th	(unsecti e princi)			(priority) (Total) ch itemized statement of all
<ul> <li>6 Credits The amount of all payments on this claim has been making this proof of claim</li> <li>7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contractions.</li> </ul>	nents such	as prom	nssc	ory notes, purchase	THIS SPACE IS FOR COURT USE ONLY
agreements and evidence of perfection of lien DO NOT SER documents are not available, explain If the documents are volu	ND ORIGI	NAL DO	OCU umn	JMENTS If the	1 1 1 0 2007
8 Date Stamped Copy To receive an acknowledgment of the f addressed envelope and copy of this proof of claim  Date Sign and print the name and title, if any of					
file this claim (attach copy of power of atto	orney, if an	y)	y.	7	USA CMC
Penalty for presenting fraudulent/claum Fine of up to \$500 000 c	or imprison	nent for	up	to 3 years, or both 18 U	1072501962

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	
			YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim ID s31907
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification
			\$41 666 67 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers		Check how if you are	
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A 'request for payment		Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address 113212400	01836	statement giving particulars	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file.
LARRY APIGIAN & LEONA APIGIAN 172 WOODLAND RD		Check box if you have never received any notices	this proof of claim EXCEPT as stated below
GOLDENDALE, WA 98620 2613		from the bankruptcy court or BMC Group in this case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filled
		Check box if this address differs from the address on the	If you have already filed a proof of claim with the
	<del> </del>	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ( ) 509-773-690/ Last four digits of account or other number by which creditor identifies	debtor		THIS SPACE IS FOR COURT USE ONLY
Last rour digits of account of other number by which creditor identifies	debioi	Check here repla	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation	(fill out below)
Services performed Taxes	_	r digits of your SS #	(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	erformed from to
2 DATE DEBT WAS INCURRED	2 15 0	OURT JUDGMENT, DATE (	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			
See reverse side for important explanations		SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) yi	aur alaım		our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of you	r claim is	a right of setoff)	
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle  Other
entitled to pnority		Value of Collateral	\$
Amount entitled to priority \$		Amount of arrearage a	nd other charges <u>at time case filed</u> included in \$
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	<del></del>	<b>,</b>	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	<u> </u>		ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		-	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L		agraph of 11 U S C § 507(a) ()
			stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED		\$	\$
(unsecured)	•	secured)	( priority) (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts, contracts court judgments mortgages security a	<i>iments,</i> su agreemen	uch as promissory notes, pur	chase orders, invoices itemized statements of
DOCUMENTS If the documents are not available explain. If the c	documents	s are voluminous, attach a st	ımmary
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			• • • •
The original of this completed proof of claim form must be sen	t by mail	or hand delivered (FAXES	
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	ı, prevailli corporatio	ng Pacific time, on Novemi ons, joint ventures, trusts a	per 13, 2006 USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up	
P O Box 911	1330 Eas	ACM Claims Docketing Cente t Franklin Avenue	FILED JAN 1 1 2007
El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any of the		do CA 90245	
this claim (attach copy of) power of attorney	ey if any)	Other person authorized to file	USA CMC
[ Diano		Seona Degi	en
Penalty for presenting fraudulent claim is a fine of up to \$500 000 okunprisonment	for up to 5	<del>/</del>	2 AND 3571

UNITED STATES BANKRUPTCY COURTS DISTRICT OF NEVADA	PRO	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
	Case Nu	mber	Schedule/Claim ID s31820
USA Commercial Mortgage Company		'25-LBR	Amount/Classification
OSA Commercial wortgage Company	00-107		\$12 951 80 Unsecured V
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  DAVIS FAMILY TRUST  C/O JOSEPH DAVIS & MARION SHARP CO-TRUSTEES 3100 ASHBY AVE LAS VEGAS, NV 89102 1908	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ( )		court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 727	debtor	Check here repla	a arougoucly filed claim detect
1 BASIS FOR CLAIM	Retiree !	penefits as defined in 11 U S	
Goods sold Personal injury/wrongful death		salaries and compensation	
Services performed Taxes	_	r digits of your SS #	(fill out below) Other claims against servic (not for loan balances)
Money loaned Other (describe briefly)  SEE ATTACHED		compensation for services pe	erformed from to(date)
2 DATE DEBT WAS INCURRED 8-17-2004	3 IF C	OURT JUDGMENT, DATE (	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 750,000 \$\times\$  Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you exceed the value of the property securing it or if c) none or only part of you	our claim Ir claim is	a right of setoff)	your claim is secured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate L	□ Motor Vehicle □ Other □ Other
Amount entitled to priority \$		}	and other charges at time case filed included in
Specify the priority of the claim			\$ 750,000.00
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits towa	rard purchase lease or rental of property or
Wages salaries or commissions (up to \$10,000) earned within 180 days		services for personal family of	or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	F	· · ·	overnmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	• • • • • •	ragraph of 11 U S C § 507(a) () istment on 4/1/07 and every 3 years thereafter
F TOTAL MOUNT OF CLASS	<b>S</b>	with respect to cases commer	nced on or after the date of adjustment
AT TIME CASE FILED		\$	\$ 750,000.00
(unsecured)  Check this box if claim includes interest or other charges in addition to the	,	secured) amount of the claim Attach ite	( priority) (Total)  emized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain If the country of claim  8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	uments, su agreement documents se filing of y	uch as promissory notes, pui its and evidence of perfections is are voluminous attach a st your claim enclose a stampe	orchase orders invoices, itemized statements of the DO NOT SEND ORIGINAL summary led self addressed envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	n, prevaili corporation BY HAND BMC Gro Attn USA	ng Pacific time, on Novemons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO Sup ACM Claims Docketing Centi	o FLED JAN 1 3 2007
P O Box 911 El Segundo, CA 90245-0911		t Franklin Avenue do CA 90245	A) 2 of 1 ( o <b>c c c c c c c c c c c c c c c c c c </b>
DATE SIGN and print the name and title if any of the	e creditor or		1072502334
1-12-07 Wen That Ex		T. NELSON	ATTACHEY

Name of Debtor  USA Commercial Mortgage Company  NoTE: See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for an administrative expenses This form should not be used to make a claim for a definition of the should not be used to make a claim for administrative expenses to the claim form this date and the reverse production of the claim should not be used to the claim administrative expenses and the claim in this date and the reverse produced to the claim administrative expenses and the claim in this date and the reverse produced to the product of definition of accounts of other running by which creditor identifies debtor  I Assis For Claim    Sport form this form this form this form this date is a claim to the product of the claim and the product of the claim and the product of the claim and the form this form the administrative expenses and the product of the claim and the form this form the administrative expenses and the fo	Case_06-10/25-gwzDoc 87/9	<u>-3—⊢n</u>	tered 07/29/11 11:4	19:01 Pac	<u>e 6 of 11</u>		
Name of Oebtor  USA Commercial Mortgage Company  O6-10725-LBR  O7-10725-LBR  O7-10725-	UNITED STATES BANKRUPTCY COURTS DISTRICT OF NEVADA						
USA Commercial Mortgage Company  NOTE: See Revorse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense aroung after the commencement of the case A "request" for payment of an administrative expense may be filed purposed to 11 U.S.C.§ 5039  Name of Creditor and Address.  III. AMUNITY SEED THEMES:  STUR ACRED AND SEED THEMES:  STUR A		Case Number		Schedule/Claim II	D s31157		
NOTE Sich Reverse for List of Debtors and Case Nimbers This form should not be used to make a claim for an administrative expense anny after the commencement of the dease A required for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address.  Intelligible to the same and the		06-107	25-LBR	Amount/Classifica	ation		
This form should not be used to make a claim for an administrative expense along after the commonitoring of the case a. Yequest for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense may be filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903 or administrative expense of the filed pursuant to 11 U.S.C. § 5903	Cor. Commercial mortgage company	5507		\$12 951 80 Unse	cured		
Last four digits of account or other number by which creditor identifies debtor    Sasis FOR CLAIM	This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address.  DAVIS INVESTMENTS 3100 ASHBY AVE LAS VEGAS, NV 89102 1908	aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	scheduled by the Debtor or pursuant to a filed claim you agree with the amounts set forth herein and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Conting Unitquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file ag				
TRAISIFOR CLAIM  Goods sold Personal injury/wrongful death Attach females as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Last four digits of your St. § Unpaid compensation (fill out below) Last four digits of your St. § Unpaid compensation (fill out below) Last four digits of your St. § Unpaid compensation (fill out below) Last four digits of your St. § Unpaid compensation for services performed from (date) (date) (date) (date) (date)  2 DATE DEBT WAS INCURRED  3 IF COURT JUDGMENT, DATE OBTAINED  4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your chaim and state the amount of the claim at the time case litted see reviews do for important explanations  UNSECURED NONPRIORITY CLAIM SHOPPING A point of your claim is secured by collateral (including a right of storif) and pointly serviced to printly when the propriate box or printly of the claim and the time case litted services or printly of the claim and the time case litted in the secure of the printly of the claim and the time case litted in the claim and state the amount of the claim at the time case litted services the printly of the claim and the secured by collateral (including a right of storif) and pointly services to printly of the claim and the secured claim is secured claim, if any secured cla		debtor	rentar	L			
Goods sold Personal injury/wrongful death Taxes Last four digits of your SS # Unpaid compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from to (date)  Other (describe bnefity) Last four digits of your SS # Unpaid compensation for services performed from to (date)  Other (describe bnefity) Last four digits of your SS # Unpaid compensation for services performed from to (date)  Other (describe bnefity) Last four digits of your SS # Unpaid compensation for services performed from to (date)  Other bloom for CLAIM Check the appropriate box or boxes that best describe your claim at size the amount of the claim at the time case filed Sec reverse sed for important explanations  UNSECURED NONPRIORITY CLAIM S Last four digits for it of the value of the property securing it or if of none or only part of your claim is entitled to priority  Amount entitled to priority  Amount entitled to priority \$ Secrify the priority of seasons of the debtor's bissness withchever is earlier 11 U S C § 507(a)(1)(A) or (a)(1)(B) Secrify the priority of the claim of the benkingtony perintion or cessation of the debtor's bissness withchever is earlier 11 U S C § 507(a)(1)(A) or (a)(1)(B) Secrify the priority of the claim of the benkingtony perintion or cessation of the debtor's bissness withchever is earlier 11 U S C § 507(a)(1)(A) or (a)(1)(B) Secrify the priority of the claim of the benkingtony perintion or cessation of the debtor's bissness withchever is earlier 11 U S C § 507(a)(B) Contributions to an employee benefit plan 11 U S C § 507(a)(B) Secrify applicable paragraph of 11 U S C § 507(a)(B) Contributions to an employee benefit plan 11 U S C § 507(a)(B) Secrify applicable paragraph of 11 U S C § 507(a)(B) Contributions to an employee benefit plan 11 U S C § 507(a)(B) Secrify applicable paragraph of 11 U S C § 507(a)(B) Secrify applicable paragraph of 11 U S C § 507(a)(B) Secrify applicable paragraph of 11 U S C § 507(a)(B) Secrify applicable paragraph of 11 U S C § 507(a)(B) Secrify	1136 947		Check liefe C	<ul> <li>a previously</li> </ul>	filed claim dated		
Services performed Taxes    Amoney loaned   Classified perfect   Commissions   Commiss	!	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Check this box if clarm includes interest or other charges and different incompleted to a promotion to all payments on this claim. Specific Total AMOUNT OF CLAIM \$   Amount of the claim and the cl		Wages, s	salaries, and compensation (	(fill out below)	Other claims against services		
2 DATE DEBT WAS INCURRED  2 CLASSIFICATION OF CLAIM  Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled  Sec reverse sade for important explanations  UNSECURED NONPRIORITY CLAIM  Check this box if a) there is no collateral or fine seduring your claim or only pair of your claim is serified to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptoy petition or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(5)  Contributions to an employee benefit plan 11 U S C \$507(a)(5)  Total AMOUNT OF CLAIM  Check this box if claim includes interest or other charges in addition to the principal amount of the claim Altach itemized statement of all interest or additional charges  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific through any and in the time case filed  SCURCE CLAIM  X Check this box if your claim is secured by collateral (including a right of setoff!)  Binet description of collateral  X Check this box if your claim is secured by collateral (including a right of setoff!)  Binet description of collateral  Motor Vehicle  Other  Value of Celevality or oreal of the claim at the time case filled  In	A stema	Last four	digits of your SS #	·	(not for loan balances)		
2 DATE DEBT WAS INCURRED  3 IF COURT JUDGMENT, DATE OBTAINED  4 CLASSIFICATION OF CLAIM  See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM  Check this box if a) there is no collateral or fien sectioning your claim or b) your claim is exceeds the water of the property securing it or if c) none or orly part of your claim is exceeds the water of the property securing it or if c) none or orly part of your claim is exceeded the value of the property securing it or if c) none or orly part of your claim is exceeded the value of the property securing it or if c) none or orly part of your claim is exceeded the value of the property securing it or if c) none or orly part of your claim is exceeded the value of the property securing it or if c) none or orly part of your claim is exceeded claim. If any \$  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount of arrearage and other charges at time case filed included in secured claim, if any \$  Unity of Collateral  Wages salense or commissions (up to \$10 000)* earned within 180 days business whichever is earlier if 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salense or commissions (up to \$10 000)* earned within 180 days business whichever is earlier if 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(B)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Contributions	Money loaned (A) Other (describe briefly)	Unpaid c	ompensation for services pe	erformed from			
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$	2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED			
UNSECURED NONPRIORITY CLAIM \$		t best describ	e your claim and state the amou	nt of the claim at th	e time case filed		
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Bedges salaries or commissions (up to \$10 000)* earned within 180 days before filting of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(B)  Contributions to an employee benefit plan 11 U.S.C. § 507(a)(S)  Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(B)  Other Specify applicable paragraph of 11 U.S.C. § 507(a)(B)  Amounts are subject to adjustiment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of dustament of 41/107 and every 3 years thereafter with respect to cases commenced on or after the date	Check this box if a) there is no collateral or then securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claim ur claim is	Check this box if you a right of setoff) Brief description of	f collateral			
Amount entitled to prority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bearkruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  Total Amount of arrearage and other charges at time case filed included in secured claim, if any \$  Taxes of personal family or household use 11 U.S.C. § 507(a)(8)  Other Specify applicable paragraph of 11 U.S.C. § 507(a)(8)  Other Specify applicable paragraph of 11 U.S.C. § 507(a)(6)  Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment of 11 U.S.C. § 507(a)(1)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of traking this proof of claim.  SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that if its actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including Individuals, partnerships, corporations, joint	Check this box if you have an unsecured claim all or part of which is				<del>-</del>		
Specify the priority of the claim    Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)   Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)   Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)   Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)   Other Specity applicable paragraph of 11 U.S.C. § 507(a)(6)   Amounts are subject to adjustment on 41/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment			ן				
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier. 11 U.S.C. § 507(a)(4)  Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)  Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)  Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(1).  Amounts are subject to adjustment on 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. AT TIME CASE FILED  (unsecured)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. To SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluninous, attach a summary.  B DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including Individuals, partnerships, corporations, joint ventures, trusts and governmental units).  BY MAND OR OVERNIGHT DELIVERY TO BMC Group			Amount of arrearage a secured claim, if any	nd other charges \$	at time case tiled included in		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(4)  Continbutions to an employee benefit plan 11 U S C \$507(a)(5)  Continbutions to an employee benefit plan 11 U S C \$507(a)(5)  Continbutions to an employee benefit plan 11 U S C \$507(a)(5)  Amounts are subject to adjustment on 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment of AT TIME CASE FILED  (unsecured)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach terrized statement of all interest or additional charges of SUPPORTING DOCUMENTS. Aftach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous, attach a summary  B DATE-STAMPED COPY  To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT USE ONLY USE ONLY USE ONLY USE ONLY BY MAIL TO BY MAIL TO BY MAIL TO BY AND OR OVERNIGHT DELIVERY TO BY CARD A CONTROL OF THE CONT					or rental of property or		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  5 TOTAL AMOUNT OF CLAIM \$ / , , , , , , , , , , , , , , , , , ,	Wages salaries or commissions (up to \$10 000)* earned within 180 days	<b></b> -	services for personal family of	or household use 1	1 U S C § 507(a)(7)		
Contributions to an employee benefit plan 11 USC § 507(a)(5)  Amounts are subject to adjustment or 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  5 TOTAL AMOUNT OF CLAIM \$							
S TOTAL AMOUNT OF CLAIM AT TIME CASE FILED  (unsecured)  (secured)  (secured)  (secured)  (priority)  (Total)  (Total)  (Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  (Secured)  (priority)  (Total)  (Total)  (Total)  (Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  (Secured)  (priority)  (priority)  (Total)  (Total)  (Total)  (Secured)  (priority)  (priority)  (Total)  (Total)  (Total)  (Secured)  (priority)  (priority)  (Total)  (Total)  (Total)  (Total)  (Secured)  (priority)  (priority)  (priority)  (Total)  (Total)  (Total)  (Total)  (Secured)  (priority)  (priority)  (priority)  (priority)  (Total)  (Total)  (Total)  (Total)  (Total)  (Total)  (Secured)  (priority)  (prior	Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لــا	Amounts are subject to adjus	stment on 4/1/07 an	nd every 3 years thereafter		
AT TIME CASE FILED  (unsecured)  (secured)  (secured)  (priority)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  6 CREDITS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY MAIL TO BMC Group.  Attach itemized statement of all interest or additional charges. Attach itemized statement of all interest or additional charges.  The claim Attach itemized statement of all interest or additional charges.  The proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT USE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	5 TOTAL AMOUNT OF CLAIM \$ 1,000.000.00 \$	1,000.0					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group.  BY HAND OR OVERNIGHT DELIVERY TO BMC Group.	AT TIME CASE FILED			( priority)			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group	Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement	of all interest or additional charges		
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY MAIL TO BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  USE ONLY  FILED JAN 1 3 2007	7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim.						
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  FILED JAN 1 3 2007					THIS SPACE FOR COURT		
BMC Group BMC Group	for each person or entity (including individuals, partnerships,	corporatio	ons, joint ventures, trusts a		1		
	( BY MAIL TO			, FI	LED JAN 1 3 ZUU/		
MOD Fred Frenchite Assessed	Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	er	1104 0110		
El Segundo, CA 90245 0911 El Segundo, CA 90245 ([1]] [[1] [[1] [[1] [[1] [[1] [[1] [[1	El Segundo, CA 90245 0911	El Segun	do, CA 90245		USA CMC 		
DATE SIGN and print the name and title if any of the creditor or other person authorized to file  this claim (attach copy of power of attorney if any)							
1-12-07 Could THOSON ERVEN T. NECSON, ATTOMEN	1-12-07 Com (14dson	ERV	EN T. NELSW	N, ATTORNE	<b>V</b>		

DISTRICT OF NEVADA	BILLA PEC	of of claim		
				IM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim ID Amount/Classificat	
USA Commercial Mortgage Company	06-107	06-10725-LBR		ured - We dispate this #.
			]	this#
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administra	ative evnence	Check box if you are	1	
arising after the commencement of the case. A request for p	ayment of an	aware that anyone else has	1	
administrative expense may be filed pursuant to 11 U S C § 5	03	filed a proof of claim relating to your claim. Attach copy of		led above constitute your claim as
Name of Creditor and Address	0404000004	statement giving particulars		ebtor or pursuant to a filed claim. If amounts set forth herein and have no
TODD DAVIS	321240000201	Check box if you have		the Debtor you do not need to file XCEPT as stated below
360 W. 55th St Apt 1G	·	never received any notices from the bankruptcy court or	1 '	own above are listed as Contingent
New York, NY 10019		BMC Group in this case		sputed, a proof of claim must be
1		Check box if this address differs from the address on the	If you have alrea	ady filed a proof of claim with the
<u> </u>		envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number ( )		court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor id	entifies debtor	Check here repla	a praviously	filed claim dated
4670 394		if this claim amei	, ,	
1 BASIS FOR CLAIM		enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful dea	ith 🔲 Wages,	salaries and compensation	(filt out below)	Other claims against services
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly) SEE ATTACHE	Unpaid o	compensation for services pe	erformed from	to (date) (date)
2 DATE DEST WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (	OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or be	oxes that best describ	pe your claim and state the amou	int of the claim at the	time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 575,000	70	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim	n or b) your claim	Check this box if y	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only p	art of your claim is	a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description o		
Check this box if you have an unsecured claim all or part of which	IS	Real Estate		
entitled to priority		Value of Collatera	\$ <u>UNA</u>	CNOWN
Amount entitled to priority \$		Amount of arrearage a	ind other charges	at time case filed included in
Specify the priority of the claim  Demonstrative support obligations under 11 11 S.C. & F07(a)(1)(A) or (a)	V1VB\	secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)  Wages salaries or commissions (up to \$10 000) earned within 1		Up to \$2 225 of deposits town services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's	C Cays	Taxes or penalties owed to go	vernmental units 11	1 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable par	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ 575,080.00	\$ 575.	** OD \$		\$ 575.00.00
AT TIME CASE FILED (unsecured)		secured)	( pnority)	(Total)
Check this box if claim includes interest or other charges in add	•	•		, ,
6 CREDITS The amount of all payments on this claim has t	een credited and	deducted for the purpose of	making this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of support	<i>ting documents,</i> su	ich as promissory notes pu	rchase orders inve	oices itemized statements of
running accounts, contracts court judgments, mortgages s DOCUMENTS If the documents are not available, explain				OF SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment proof of claim			•	i envelope and copy of this
The original of this completed proof of claim form mus	t he sent hy mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before	5 00 pm, prevaili	ng Pacific time, on Novem	ber 13, 2006	USE ONLY
for each person or entity (including individuals, partner governmental units)	rships, corporation	ons, joint ventures, trusts	and	
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	·	
Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Cent	er 🚚	ED JAN 1 3 2007
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue do CA 90245	LIL	בט סוייי
DATE SIGN and print the name and title if a	any of the creditor or	other person authorized to file		USA CMC
this claim (attach copy of powe		ERVEN T. ME		
1-12-07 Www.TAdson	aloney		TIBRNEY	1072502330

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	STRICT	OF	Nevada		PROOF OF CLAIM
Name of Debtor	Case	Number	٠,	01 - 1	0.0	I TOO O CONIN
USA COMMERCIAL MORTGAGE CO				0725-6		1
NOTI: This form should not be used to make a claim for an administrative expense ins					ncement	
Name of Creditor (The person or other entrty to whom the				u ere aware that		
HNN R DERY, HUSBAND & WIFE	you	ır claım	Att	proof of claim rel ach copy of state		
	1 (7)	ing parti eck hox		rs u have never rece	eived anv	
Name and address where notices should be sent  19601 VAN AKEN BIVO		ices froi		bankrupicy cou		
19601 VAN AKEN 131VO SHAKER 1 HTS OH 44122	Ch	eek box		address differs f		
SHAKER 1473, 0H 44122 Telephone number 216/283-2505	the	COURL		nvelope sent to y	ou by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	eck here his clain	1_	replaces amends a prev	iously filed	claim dated
1 Basis for Claim	L		Reti	ree benefits as de	fined in 1	USC § 1114(a)
Goods sold				es, salaries, and four digits of yo		ion (fill out below)
Services performed Money loaned				aid compensatio		
Personal injury/wrongful death  Taxes CAC CAC AT AT A		;	fron	(date)	to	(date)
Other SEE EXABIT A		50			-1-1-1	(conc.)
2. Date debt was incurred MARCH 2001	3.	II CO	urt,	udgment, date	optnined.	
4 Classification of Claim. Check the appropriate box or boxes the	un best de	senbe y	our c	laim and state th	e amount c	of the claum at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 4,396,673			_	Claum		
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ir claim, o	a rig	Ch tht o	eck this box if you f sctoff)	our claum is	secured by collateral (including
only part of your claim is entitled to priority	HONG OF	1		ef Description of		
Unsecured Priority Claim    Real Estate   Motor Vehicle   Other						
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$				claum, if any \$_		
Specify the priority of the claim						hase, lease, or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A) a (a)(1)(B)	я —	or serv			miy. or nou	sehold use - 11 USC
Wages salaries, or commissions (up to \$10.000),* carned within 180						
days before filing of the bankruptcy petition or essation of the debtor's  U.S.C. § 507(a)()  business, whichever is earlier - 11 U.S.C. § 507(a)(4)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  With respect to cases commenced on or after the date of adjustment.						
5. Total Amount of Claim at Time Case Filed \$1,396,673 5 141,396,673,86 \$1,396,673 86						
(Insecuted) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of This SPACE IS FOR COUNT US! ONLY						
making this proof of claim.  7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase						
orders, invoices itemized statements of running accounts contracts, court judgments, mortgages, security						
agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary						
8. Date-Stamped Copy. To receive an acknowledgment of the filting of your claim, enclose a stamped, self-						
Date / Sign and print the name and title, if any, of the creditor or other person authorized to JAN L L ZUU						
file his claim (attach copy of power of attorney, if any)						
111/04 As i New						USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	niprison	nent for	пр	o 5 years, or bot	h. 18 U.S C	1072502063

FORM B10 (Official Form 10) (10/05)

PORTA DIO (Official Port	H IV/(IV/VJ)						
United States Banki	ruptcy Court - District of Nevada		PROOF OF CLAIM				
Name of Debtor USA Commercial Mo	rtgage Company	Case Number 06-10725-LBR					
	t be used to make a claim for an administrative expanse may be filed		The state of the s				
	on or other entity to whom the debtor owes	Check box if you are aware that	evy				
money or property) Evelyn G Canepa Tr	-	anyone else has filed a proof of claim relating to your claim  Attach copy of statement giving					
Name and address where no Evelyn G Canepa Tr		particulars					
c/o Laurel E Davis		Check box if you have never received any notices from the					
Lionel Sawyer & Coll		bankruptcy court in this case					
300 South Fourth Str		-					
Las Vegas, NV 89101	l .	Check box if the address differs					
Telephone number 702-3	383-8888	from the address on the envelope sent to you by the court	This Space is for Court Use Only				
Last 4 digits of account or of	ther number by which creditor identifies debtor	Check here replaces a previously amends	filed claim dated				
1 Basis for Claim							
☐ Goods sold		☐ Retiree benefits as defined in 11	* *				
☐ Services performe	:d	☐ Wages, salaries and compensati					
☐ Money loaned		Last four digits of SS #					
☐ Personal injury/wi	rongful death	Unpaid compensation for service	•				
ł <u> </u>	Taxes from to						
Other See attac		(date)	(date)				
2 Date debt was incurre	e <b>đ</b>	3 If court judgment, date obtained					
	n Check the appropriate box or boxes that describ See reverse side for important explanations	Secured Claim					
Unsecured Nonpriority Cla	e is no collateral or lien securing your claim	Check this box if your claim is secured Brief Description of Collateral	d by collateral (including a right or setoff)				
or b) your claim exceeds or c) none or only part of	ther						
Unsecured Priority Claim		Value of Collateral \$					
Check this box if you have	e an unsecured claim, all or part of which is						
entitled to priority  Amount entitled to priority \$		Amount of arrearage and other charge					
Specify the priority of the cla	m if any \$						
•	ons under II USC § 507(a)(1)(A) or (a)(1)(B)	The safe 2325# of demonstrate toward must	1				
B.	issions (up to \$10 000) * earned within 180	☐ Up to \$2,225* of deposits toward purch services for personal family or househ	nase lease or rental of property or told use - 11 U S C & 507(a)(7)				
days before filing of the bi	ankruptcy petition or cessation of the	☐ Taxes or penalties owed to government					
	ver is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of					
Contributions to an employ	and every 3 years thercafict with tic of adjustment						
5 Total Amount of Clain							
Check this box if claim in or additional charges	(unsecured) or other charges in addition to the p	(secured) (prior principal amount of the claim Attach itemize					
6 Credits The amount of a this proof of claim	all payments on this claim has been credited and de	educted for the purpose of making	This Space is for Court Use Only				
orders invoices itemized agreements and evidence are not available explain	7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary						
8 Date-Stamped Copy To self-addressed envelope as	receive an acknowledgment of the filing of your ond copy of this proof of claim	claim enclose a stamped					
Date	Sign and print the name and title if any of the credit	tor or other person authorized to file	USA CMC				
January 12, 2007	this claim (attach copy of power of attorney 1f anv)	-	1/01/1/10/10/10/10/10/10/10/10/10/10/10/				
January 12, 2007	1072502018						

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM	<del>Jul Fay</del>		
Name of Debtor	Case Number				
USA Commercial Mortgage Company	06-107	'25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER	
Name of Creditor and Address  HEINBAUGH, JUDITH P O BOX 8537 INCLINE VILLAGE NV 89452  Creditor Telephone Number (775 831 - 6566	2	to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU D OF CLAIM THIS BORROWER HEL  DO NOT FILE THI SECURED INTER ONE OF THE DEE  If you have aire Bankruptcy Court	BEING SERVICED BY THE POOL MOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT IN THE COLLECTION ACCOUNT  IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS BEADY filed a proof of claim with the OF BMC you do not need to file again E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies of	debtor	Check here Treplac	ces		
7.		if this claim amen	<ul> <li>a previousiy</li> </ul>	filed claim dated	
1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Services performed Taxes  Money loaned Other (describe briefly)	Wages : Last four	penefits as defined in 11 U S salaries and compensation ( digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to to (date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at th	he time case filed	
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  SECURED CLAIM  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral					
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehicle	Other	
Amount entitled to priority \$			nd other charges	at time case filed included in	
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward			
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	, 	Taxes or penalties owed to go	vernmental units - 1	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>	Other Specify applicable part * Amounts are subject to adjus- with respect to cases commer	stment on 4/1/07 an	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	175,	000 \$		\$ 175,000	
(unsecured)  Check this box if claim includes interest or other charges in addition to the	`	secured) amount of the claim Attach ite	( priority) mized statement o	(Total) f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts, court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the of 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<u>uments,</u> su agreement documents	ich as promissory notes pure s and evidence of perfection are voluminous attach a sui	chase orders inve of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	ı, prevailin	ig Pacific time, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	OR OVERNIGHT DELIVERY TO up .CM Claims Docketing Cente t Franklin Avenue	r F	LED OCT 0 5 2006	
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the this claim (attach copy of power of attorn	El Seguno ne creditor o	do CA 90245		USA CMC	
10/5/4/	_	A. HEINDAUGI	4 1	10/2000	

DISTREST OF REPARK	PRO	OF OF CLAIM		- Benear Secret Shared Al Se to 1 - 1				
Niena of Dahlan	Case Nur	whar	1	RECEIVE				
Name of Debtor				Vi. 1.				
USA COMMERCIAI MORTGACE COMPANY	06-10 	725 (LBR)		1 9 11 23 Å. 166 1				
	form should not be used to make a claim for an administrative expense Check box if you are ing after the commencement of the case. A "request" for payment of an aware that anyone else has							
Name of Creditor and Address		statement giving particulars	·	,				
Houghton Dental Corp PSP f/b/o Geraldine Houghton 2871 Pinta Peiris, CA 92571		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTERE ONE OF THE DEBT If you have alrea	PROOF OF CLAIM FOR A BY IN A BORROWER THAT IS NOT ORS dy filed a proof of claim with the BMC you do not need to file again				
Creditor Telephone Number (951-940-9980		court	THIS SPACE	IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies		Check here replace or armen	a previously to	ied claim dated				
Basis For Claim See also claim summary   Goods sold	Services performed ☐ Taxes							
2. DATE DEBT WAS INCURRED Various		OURT JUDGMENT, DATE C						
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of y entitled to priority UNKNOWN  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the pnority of the claim  Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10 000)* samed within 180 day before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 USC § 507(a)(4)  Contributions to an employee benefit plan - 11 USC § 507(a)(5)	our daim is	Up to \$2 225" of deposits tow services for personal family Taxes or penalties owed to ge Other - Specify applicable pa "Amounts are subject to active with respect to cases comme	Motor Vehicle \$400,0  Ind other charges \$400,000  For household use -11  Everimental units 1  regraph of 11 U S C  Istiment on 41/07 and  Indicate the charge of the charg	Other  O O O Plus  at time case filed included in  O Plus or rental of property or USC § 507(a)(7)  USC § 507(a)(8)  § 507(a) ()  If every 3 years thereafter late of edjustment.				
5 TOTAL AMOUNT OF CLAIM \$ unknown \$	400-	000.00 \$ unki	OWN ( priority)	\$ 400,000.00 (Total) Plus				
(unsecured) (secured) PIUS (promy) (10an) PIUS  (Total) PIUS  (Total) PIUS  (Total) PIUS  (Promy) (10an) PIUS  (Promy) (10an) PIUS								
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, involces itemized statements of running accounts contracts court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous attach a summary  8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006  USA CMC								
ACCEPTED) so that it is actually received to the foreach person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  SY HAND OR OVERNIGHT DELIVERY TO-BMC Group  1072501257								
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center 1330 East Franklin Avenue								
El Segundo CA 90245-0911  El Segundo CA 90245  SIGN and point the name and title if any of the creditor or other person authorized to file  11/8/06  El Segundo CA 90245  SIGN and point the name and title if any of the creditor or other person authorized to file  11/8/06  Geraldine Houghton								